

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026947

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3645

FILED JUL 30 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in lb
1 DAYc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

KANSAS

b. COUNTY

JOHNSON

c. CITY
OR TOWN

LEAWOOD

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

9629 LEE BLVD.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JAMES

LEROY

BARRICK

4. DATE
OF DEATH

Month

Day

Year

JULY

11

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/16/07

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. OCCUPATION (Give kind of work done
during most of working life, even if retired)

NATIONAL ADVERTISING MANAGER

10b. KIND OF BUSINESS OR INDUSTRY

KANSAS CITY
STAR

11. BIRTHPLACE (City and state or country)

KANSAS CITY, MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

OSCAR L.

BARRICK

13b. MOTHER'S MAIDEN NAME

EDITH CHAMBERS

14. NAME OF HUSBAND OR WIFE

MRS. HELEN M. BARRICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

HELEN M. BARRICK

Address 9629 LEE BLVD.
LEAWOOD, KANSAS18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis - Myocardial Infarct 24 hr

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary Arteriosclerosis 2 yrs

DUE TO (c)

Generalized Arteriosclerosis 2 yrs +.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Arthritis 7 Ancestral Spine

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from October 1955 to July 11, 1962 and last saw him alive on 7-11-62.

Death occurred at 9:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Arnold T. Arms M.D.

22b. ADDRESS

4720 Wornall Rd K.C. Mo

22c. DATE SIGNED

7-11-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

JULY 14, '62

23c. NAME OF CEMETERY OR CREMATOR

FOREST HILL CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.

7-13-62

26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Arnold V. Arms MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1

28/50

3

4 0

5 1

6

7 0

8 0

94201

10

11

12660

13

Dr. Donald V. Brown
4320 Marshall Road - #205
1:30 - 5:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 4931

P. O. Address K C W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.